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Validation Status: Passed w/ Data Quality Alerts

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(IMPORTANT: Read instructions before completing form; type or use fill-and-print form) Approval Expires: 10/31/2014

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EPA		FORM R		TRI Facility ID Number	
United States Environmental Protection Agency		Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.		98134LSKNC32006	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038 *** File Copy Only: Do Not Submit Paper Form to EPA ***		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [ ][ ]		Withdrawal (Enter up to two code(s)) [ ][ ]	
Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR: 2012					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer questions 2.2; attach substantiation forms) [ X ] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)					
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official:		Signature:		Date Signed:	
File Copy Only: Do Not Submit Paper Form to EPA		File Copy Only: Do Not Submit Paper Form to EPA		XX/XX/XXXX	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		98134LSKNC32006	
Facility or Establishment Name ALASKAN COPPER WORKS					
Street 3200 6TH AVE S		Mailing Address (if different from physical street address) P.O. BOX 3546			
City/County/Tribe/State/ZIP Code SEATTLE / King / BIA Code: / WA / 981342106		City/State/ZIP Code SEATTLE / WA / 981243546		Country (Non-US)	
4.2		This report contains information for : (Important: check a or b; check c or d if applicable)			
		a. [ X ] An Entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO			
4.3		Technical Contact name JAMES BROWN		Email Address (b) (6)	
4.4		Public Contact name JAMES BROWN		Telephone Number (include area code) 2066235800	
4.5		NAICS Code(s) (6 digits) a. 332996 (Primary)		b. c. d. e. f.	
4.6		Dun and Bradstreet Number(s) (9 digits) a. 009255571 b.			

## SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	ALASKAN COPPER WORKS	No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	009255571

EPA Form 9350-1 (Rev. 10/2012) - Previous editions are obsolete.

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**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION**

TRI Facility ID Number

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

Nitric acid

**SECTION 1. TOXIC CHEMICAL IDENTITY** (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7697372
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Nitric acid
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). NA

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) NA
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**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**  
 (Important: Check all that apply.)

3.1	Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	3.2	Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	3.3	Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use
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**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1	<input checked="" type="checkbox"/> 03 (Enter two-digit code from instruction package.)
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE**

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions NA <input type="checkbox"/>	A	O	
5.2	Stack or point air emissions NA <input type="checkbox"/>	A	O	
5.3	Discharges to receiving streams or water bodies (Enter one name per box) NA <input checked="" type="checkbox"/>			
Stream or Water Body Name				
5.3.1	NA			

EPA Form 9350-1 (Rev. 10/2012) - Previous editions are obsolete.

 \*For Dioxin and Dioxin-like Compounds, report in grams/year  
 \*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

Nitric acid

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4.1 Underground Injection on-site to Class I wells	[ X ]		
5.4.2 Underground Injection on-site to Class II-V wells	[ X ]		
5.5 Disposal to land on-site			
5.5.1.A RCRA subtitle C landfills	[ X ]		
5.5.1.B Other landfills	[ X ]		
5.5.2 Land treatment/application farming	[ X ]		
5.5.3A RCRA Subtitle C surface impoundments	[ X ]		
5.5.3B Other surface impoundments	[ X ]		
5.5.4 Other disposal	[ X ]		

## SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

NA [ ]

6.1.1 POTW Name		WEST POINT TREATMENT PLANT					
POTW Address		1400 UTAH AVE					
City	SEATTLE	County	King	State	WA	Zip	98199
A. Quantity Transferred to this POTW (pounds/year*) (Enter range code** or estimate)				B. Basis of Estimate (Enter code)			
A				O			

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>						TRI Facility ID Number		98134LSKNC32006		Toxic Chemical, Category, or Generic Name		Nitric acid	
6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS										NA <input type="checkbox"/>			
6.2.0 Off-Site EPA Identification Number (RCRA ID No.)										WAD020257945			
Off-Site Location Name:										BURLINGTON ENVIRONMENTAL LLC			
Off-Site Address:										1701 EAST ALEXANDER AVENUE			
City	TACOMA	County	Pierce	State	WA	Zip	984214106	Country (Non-US)					
Is location under control of reporting facility or parent company?										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)				B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)							
1. B				1. C		1. M61							
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)										WAD991281767			
Off-Site Location Name:										BURLINGTON ENVIRONMENTAL LLC			
Off-Site Address:										20245 77TH AVENUE SOUTH			
City	KENT	County	King	State	WA	Zip	980321362	Country (Non-US)					
Is location under control of reporting facility or parent company?										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)				B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)							
1. B				1. C		1. M40							
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY													
<input type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.													
a. General Waste Stream (Enter code)		b. Waste Treatment Method(s) Sequence (Enter 3- or 4-character code(s))					c. Waste Treatment Efficiency (Enter 2 character code)						
7A.1a		7A.1b					7A.1c						
W		2 : H077 3 : H121					E3						

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

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Nitric acid

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

[ X ] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

[ X ] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

**SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES**

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	10	10	10	10
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	0	0	0
8.1d	Total other off-site disposal or other releases	0	0	0	0
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	10736	505	1000	2000
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	NA			
8.9	Production ratio or activity index	1.69			
8.10	Did your facility engage in any new ly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.	NA [X]			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			
8.10. 1	NA				

TRI Facility ID Number

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Nitric acid

**Additional optional information on source reduction, recycling, or pollution control activities.**

SRNA:Nitric acid dip tank chemistry was fully emptied and recharged in late 2011. This activity correlated to a significant increase in treatment sludge generation. Additionally, this process-related activity correlated to the generation of additional passivating process/dip tank-related wastestreams in 2011. These wastestreams are generated rather infrequently and usually occur only when the nitric acid dip tank chemistry is fully emptied and recharged. These processes did not occur in 2012. Subsequently, wastes managed in 2012 as a result of these processes decreased significantly.

**Miscellaneous, additional, or optional information regarding the Form R submission**